

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

10728358

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		3				
5		3				
6						
7						
8						
9						
10		1				
11						
12						
13						
14		3				
15						
16						
17						
18						
19		1				
20						
21						
22		8				
23		0				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	15					
TOTAL DEP.	32					
TOTAL CLAIMS	50					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						